

20 Extend a SAR

Introduction to Extend a SAR

In order for services to continue the delivery of services, a SAR can be “extended.” The user can search for a SAR, and click the “extend” tab.

In technical terms, the original SAR will end. The SAR with the extended services will receive a new SAR number.

Objectives

At the completion of this section, you will be able to:

- Extend a SAR

20.1 Entry into the Extend SAR Tab

Notes

Enter through View SAR Details

1. Search for the SAR and view the details on View SAR Details.
2. Click the “Extend” tab.

Authorization Provider Formulary Procedure Code Administration Reports		
FRANCISCO CARLOS CHAVEZ III, 3331366	AUTHORIZED, SAR ID 97000002740	
CLIENT INFORMATION		
Client Name: FRANCISCO CARLOS CHAVEZ III	F/R Elig: ELIGIBLE	Reg Status: ACTIVE
CCS Number: 3331366	Med Elig Status: ELIGIBLE	Application Status: SIGNED APP
DOB: 02/04/1984	Diagnostic Only: No	PSA Status: SIGNED
CII: 97461633C5	CCS Elig Status: 9N CCS-MAC ONLY	Program Begin Date: 12/18/2002
Gender: Male	County: Kings	Program End Date: 12/18/2004
PROVIDER INFORMATION		
Provider Name: KAISER FOUNDATION HOSP	Provider Number: HSP30686F	
Address: 10800 MAGNOLIA AVE,RIVERSIDE,CA,92505-3000	County: Riverside	
SAR INFORMATION		
SAR Number: 97000002740	Request Date: 04/19/2004	
Service Begin Date: 05/01/2004	Service End Date: 11/20/2004	
No Of Days: 10	State Funded: No	
EPSDT-SS: No	CCS-SS: No	
State Approved Category:		

Field descriptions are provided in CMS Net Web Online Help.

20.2 Enter SAR Extension and Distribution Information

Notes

- Enter the name of the person for the “Extended By” field.
 - A default name is provided for the user who is logged in CMS Net Web.
- Click the “find” button.

Extend SAR

BRIAN MATTHEW TESTA, 2463624 **AUTHORIZED, SAR ID 97000002740**

CLIENT INFORMATION

Client Name:	BRIAN MATTHEW TESTA	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	2463624	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
DOB:	04/25/1992	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	91617111D9	CCS Elig Status:	9K CCS	Program Begin Date:	04/30/2004
Gender:	MALE	County:	RIVERSIDE	Program End Date:	04/29/2005

PROVIDER INFORMATION

Provider Name:	TETZLAFF, THOMAS R MD	Provider Number:	FS4901334
Address 1 *	75 PRINGLE WAY	Address 2	STE 801
City *	RENO	County *	Select
State *	NV	Zip *	89502-8400

Edit Provider

SAR INFORMATION

SAR Number:	97000002740	Request Date:	10/10/1999
Service Begin Date:	08/09/2004	Service End Date:	10/10/2004
No Of Days:	63	State Funded:	N
EPSTT-SS:	N	CCS-SS:	N

State Approved Category:

SAR EXTENSION INFORMATION

Extended By * **find** Date Extended 12/20/2004

Service Begin Date 10/11/2004 Service End Date *

Number of Days

DISTRIBUTION

Add Distribution

SPECIAL INSTRUCTIONS

Special Instructions

OTHER DETAILS

Last Update Date: 12/20/2004 Last Update By: MCCARLEY,TRACI

Authorize **Undo**

The provider address may be edited for mailing purposes. However, this does not update the Provider Master File.

- Select by clicking the name of the user in the user search results.

Search Results - List of WHITAKER, LAVORRA Names

Last Name	First Name	Region	County
WHITAKER	LAVORRA		

Notes

4. Enter the “Service End Date” for the extended SAR.
5. Enter Number of Days.
6. Select values in the “Distribution” list box for who should receive the authorization. You may select multiple values.

Extend SAR

BRIAN MATTHEW TESTA, 2463624 AUTHORIZED, SAR ID 97000002740

CLIENT INFORMATION			
Client Name:	BRIAN MATTHEW TESTA	F/R Elig:	ELIGIBLE
CCS Number:	2463624	Med Elig Status:	ELIGIBLE
DOB:	04/25/1992	Diagnostic Only:	NO
CIN:	91617111D9	CCS Elig Status:	9K CCS
Gender:	MALE	County:	RIVERSIDE
Reg Status:	ACTIVE	Application Status:	SIGNED APP
		PSA Status:	SIGNED
		Program Begin Date:	04/30/2004
		Program End Date:	04/29/2005

PROVIDER INFORMATION	
Provider Name:	TETZLAFF, THOMAS R MD
Address 1 *	75 PRINGLE WAY
City *	RENO
State *	NV
Provider Number:	FS4901334
Address 2	STE 801
County *	Select
Zip *	89502-8400

Edit Provider

SAR INFORMATION	
SAR Number:	97000002740
Service Begin Date:	08/09/2004
No Of Days:	63
EPSTT-SS:	N
State Approved Category:	
Request Date:	10/10/1999
Service End Date:	10/10/2004
State Funded:	N
CCS-SS:	N

SAR EXTENSION INFORMATION	
Extended By *	MCCARLEY,TRACI find
Service Begin Date	10/11/2004
Number of Days	
Date Extended	12/20/2004
Service End Date *	Mon Day Year

DISTRIBUTION	
FAMILY BLUE CROSS OF CALIFORNIA PPO SARAH EAKS, CCS SECT MORENO VALLEY MTU	Add Distribution

SPECIAL INSTRUCTIONS	
	Special Instructions

OTHER DETAILS	
Last Update Date:	12/20/2004
Last Update By:	MCCARLEY,TRACI

Authorize **Undo**

The “Service Begin Date” for the extended SAR will automatically be pre-filled with the date that is one day after the original SAR End Date.

The Number of Days is limited to the Level of Service Approved for the Inpatient Hospital. The Number of Days on this extension will be added to the number of days on the authorization. The cumulative number of days must be less than the level of service for the hospital.



The extended SAR will receive a new SAR number. However, the extension will be linked to the original SAR for tracking purposes.

20.3 Extend the SAR

- 1. To complete the SAR extension, click the “Extend” button.
- 2. For the extended services that pass all validation rules, an extended SAR will be created with a status of “Extended.”
 - The narrative page will open. From there, the user will have the ability to print the letter and the SAR extension.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

FRANCISCO CARLOS CHAVEZ III, 3331366 AUTHORIZED, SAR ID 97000002740

CLIENT INFORMATION

Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3331366	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
DOB:	02/04/1984	Diagnostic Only:	No	PSA Status:	SIGNED
CII:	97461633C5	CCS Elig Status:	9N CCS-M/C ONLY	Program Begin Date:	12/18/2002
Gender:	Male	County:	Kings	Program End Date:	12/18/2004

PROVIDER INFORMATION

Provider Name:	KAISER FOUNDATION HOSP	Provider Number:	HSP30686F
Address:	10800 MAGNOLIA AVE,RIVERSIDE,CA,92505-3000	County:	Riverside

SAR INFORMATION

SAR Number:	97000002740	Request Date:	04/19/2004
Service Begin Date:	05/01/2004	Service End Date:	11/20/2004
No Of Days:	10	State Funded:	No
EPSDT-SS:	No	CCS-SS:	No
State Approved Category:			

DISTRIBUTION

Family

OTHER DETAILS

Last Update Date: 04/26/2004 Last Update By: ASHIDA,EMI

Extend Undo



Please refer to Appendix A – Business Rules “Authorize/ Extend SAR” for a list of SAR eligibility and authorization rules. Extensions are subjected to the rules as are authorizations.

20.4 Generating Copies of the Authorization and the Letters

Notes

Copies of the authorization and the letters are based on the values selected in the Distribution List Box on the Extend SAR page. After the “Extend” button is clicked on the Extend SAR page, the user will be taken to the Narrative.

On the Narrative page, there is a “Print Letters” button. When the user clicks this button, a pop-up window will appear containing all of the letters and copies of the authorization. Please refer to Section 9.1.3 Print Letters for more details.

The letters and the authorizations for “Extend” are the same format as that for “Authorize.”

20.5 To View the Extended SAR

Notes

1. Search for the SAR with the original authorization SAR number.
2. View the SAR details.
3. In the Extension Details portion of the page, refer to the Extended SAR No field.

[Authorization](#) | [Provider](#) | [Formulary](#) | [Procedure Code](#) | [Administration](#) | [Reports](#)

View SAR

FRANCISCO CARLOS CHAVEZ III, 3331366

AUTHORIZED, SAR ID 97000000680

[Authorize](#) [Deny](#) [Cancel](#) [Modify](#) [Extend](#) [Delete](#) [Print](#)

CLIENT INFORMATION

Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3331366	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
DOB:	02/04/1984	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	97461633C5	CCS Elig Status:	9N CCS-M/C ONLY	Program Begin Date:	12/18/2002
Gender:	MALE	County:	KINGS	Program End Date:	12/18/2004

PROVIDER INFORMATION

Provider Name:	KAISER FOUNDATION HOSP	Provider Number:	HSP30686F
Address:	10800 MAGNOLIA AVE,RIVERSIDE,CA,92505-3000	County:	RIVERSIDE

SAR INFORMATION

SAR Number:	97000000680	Request Date:	06/30/2004
Service Begin Date:	07/01/2004	Service End Date:	09/01/2004
No Of Days:	10	State Funded:	N
EPSDT-SS:	N	CCS-SS:	N
State Approved Category:			
Primary Diagnosis:	745.4 VENTRICULAR SEPTAL DEFECT		
Secondary Diagnosis:			

SERVICE REQUEST AUTHORIZATION

Service Code	Modifier	Alternate Code	Service Description	Alternate Description	Units	Quantity/Amount
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AUTHORIZATION DETAILS

Date:	Authorized By:	Reporting Category:
Special Instructions:		

DEIAL DETAILS

Date:	Denied By:	Effective Date:
Denial Reason:	Denied SAR No:	

CANCELLATION DETAILS

Date:	Canceled By:	Effective Date:
Cancellation Reason:		

EXTENSION DETAILS

Date:	04/26/2004	Extended By:	WHITAKER,LAVORRA	Extended SAR No:	97000002870
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OTHER DETAILS

Last Update Date:	04/26/2004	Last Update By:	ASHIDA,EMI
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Field descriptions are provided in CMS Net Web Online Help.